

Novel Coronavirus (COVID-19) Guidance for In-Home Care Providers during COVID-19 Outbreak

The Washington State Department of Health developed guidance to assist the delivery of in-home care services, such as supported living, home care agencies, and other community residential services in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that people over 60, immune-compromised people and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Resources on how in-home care providers can prepare for and manage the COVID-19 outbreak can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Be prepared:

- Stay informed. Daily updates are posted online at www.doh.wa.gov/coronavirus.
- Develop or review your agency's emergency plan.
- Establish relationships with key health care and public health partners in your community.
- Create an emergency contact list.
- Communicate with your staff and clients about COVID-19.
- Screen clients and visitors for symptoms of COVID-19 which includes acute respiratory illness (fever, cough, difficulty breathing).
- Ensure proper use of Personal Protective Equipment (PPE).
- Conduct an inventory of available PPE.
- Ask sick employees to stay home.
- Practice social distancing. Stay 6-feet away from others when feasible.
- Increase handwashing and use of 60% or greater alcohol-based hand sanitizer.
- Cover coughs and sneezes with your elbow.
- Frequently disinfect personal surfaces (doorknobs phones, keyboards, etc).
- Remain home through the duration of your sickness.
- Voluntary isolation of sick people.
- Contact your case managers if you have questions about resources.

Please direct staff to follow the precautions below to ensure the health and safety of the people we support:

- **Proper and frequent handwashing:** *(see hyperlinked CDC video)*
 - Wash your hands for at least 20 seconds with warm water and soap. Use an alcohol-based hand sanitizer if a sink for handwashing is not available. Use paper towels to dry your hands (do not use cloth towels that are shared with others).
 - Staff must wash their hands upon entering the resident's homes to prevent transmission of germs and viruses.
 - Encourage residents to wash their hands frequently, especially when they have been outside the home.

- **Cover your mouth and nose when you sneeze or cough** (see the hyperlinked video on sneezes) and immediately wash your hands with warm water and soap.
- **Avoid touching your eyes, nose, and mouth** as these are entries into your body where germs and viruses can enter and make us sick.
- **Wipe all high touch surfaces with disinfectant** including kitchen counters, dining tables, other tabletops, doorknobs, bathroom fixtures (toilet seat, toilet handle, sink and fixtures, phones, keyboards, remotes after every shift.
- **Do not come to work if you are ill** with cough, fever, chills. Contact your supervisor or standby if you or someone in your family is ill with fever, cough or chills
- **If residents have any signs of illness, contact their health care provider.**
- **Instruct visitors/families** to stay home if they or anyone in their family is or has been ill in the past 2 weeks.
- **Ensure that all emergency kits are stocked** to include an adequate supply of water and food.
- **Keep copies of electronic Medical Administration Records and Immune Deficiency Foundation Records current** in case a resident needs to be evaluated by medical personnel.

Steps you can take:

- Review and update your emergency preparedness plans. If you do not have a plan, a template can be found here <https://asprtracie.hhs.gov/technical-resources/resource/3206/emncy-preparedness-packet-for-home-health-agencies>
- Identify public health and professional resources now.
 - Local health department contact_____
 - State health department contact_____
 - State long-term care professional/trade association_____
- Identify contacts for local, regional or state emergency preparedness groups, especially communicable disease coordinators now.
 - City_____
 - County_____
 - Other_____
- If you think one of your residents needs to be hospitalized, call 911 if it is a life threatening emergency. If it is not a life threatening emergency, call the physician for instructions.
 - If a resident needs to go to the hospital, coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported to the hospital.
 - A list of Washington State hospitals can be found here: <https://www.wsha.org/our-members/member-listing/>
- If you receive a call from a hospital that one of your residents is ready to return home, talk with the discharge planner at the hospital to be sure you can meet the care needs of the individual.

- Contact the case manager if you have a client that is hospitalized or discharged from a hospital.
- Monitor residents and staff for respiratory infection to include fever, trouble breathing or cough. It is important for your staff to report to you they are sick and when clients are sick.
 - Monitor public health updates from local and state public health departments.
 - Implement a protocol for daily monitoring of influenza-like-illness among residents and staff.
 - Include in your assessments, asking new clients whether they have:
 - Trouble breathing, a fever or cough
 - Traveled to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19

Symptoms of COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

- Immediately contact your local health department if a resident has symptoms of COVID-19 or has known exposure. Your local health department will help assess the situation and provide guidance on any further action.
- Educate all staff, residents, and family members about COVID-19, including the potential harm from respiratory illness to residents and basic prevention and control measures for respiratory infections. Include the following topics (with useful resources):
 - Hand hygiene: <https://www.cdc.gov/handhygiene/providers/index.html>
 - Respiratory hygiene and cough etiquette including sneeze/cough into their elbow, wear a face mask if needed, place used tissues in a garbage can and wash hands immediately after using tissues:
<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
 - Use of Personal Protective Equipment (PPE). PPE is recommended when caring for COVID-19 patients, including gown, gloves, mask (or respirator), and eye protection.
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
 - Screening visitors for illness
 - Limiting visitors during outbreaks
- Contact the resident's case manager if a person is sick with COVID-19.
- Review, implement and reinforce an infection control plan for preventing communicable disease among residents, visitors, and staff. The plan should include:
 - A policy for when direct care staff should use **transmission-based precautions** for residents with symptoms of respiratory infection. See CDC guidance at <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
 - Cleaning and disinfecting high touch surfaces with [EPA-registered disinfectant](#) with a label claim of effectiveness against human coronavirus or emerging viral pathogens.
- Develop criteria and protocols for enforcing visitor limitations.
 - Screen visitors for respiratory illness symptoms.

- Consider screening visitors for recent travel to an area with COVID-19 transmission.
- If the resident approves, post signs on doors to help visitors, staff, and volunteers self-identify relevant symptoms and travel history.
- Educate visitors and family members not to visit client facilities if they are experiencing respiratory symptoms.
- Implement an occupational health plan with a proactive sick leave policy to address the needs of symptomatic staff including:
 - Staff and volunteers should **not** report to work if they have symptoms of respiratory illness. Staff must report any symptoms to your direct supervisor.
 - How to handle staff who develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.
 - How to accommodate staff who need to care for ill family members.
 - Educate staff to and report symptoms of respiratory illness before reporting for duty.
 - Identify staff who may be at higher risk for severe COVID-19 disease.
- Develop contingency staffing and client plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential needs.
 - Identify when to contact 911 in an emergency and when to contact the client's physician.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)